

Broaching behaviors of Licensed Professional Counselors: A qualitative inquiry

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Abstract:

This qualitative study explored broaching behaviors of licensed professional Counselors during intakes with clients who have addictions. Five themes emerged: (a) to broach or not to broach, (b) follow the client's lead, (c) right timing, (d) counselor willingness, and (e) which cultural characteristics are considered.

Keywords: broaching | cultural competence | addictions | intake

Article:

Culturally competent addictions treatment is vital because individuals who struggle with addiction represent various cultural subgroups (Arredondo et al., 1996; Mereish & Bradford, 2014; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; D. W. Sue, Arredondo, & McDavis, 1992a, 1992b). Broaching cultural characteristics in the beginning of the counselor–client relationship is a recommended strategy for effectiveness (D'Andrea & Daniels, 2001; Day-Vines et al., 2007). In this study, we explored the experiences of licensed professional counselors (LPCs) to describe whether and how they broach multicultural considerations during the intake session with clients who have substance use disorders.

Substance use is a major public health problem that affects society on multiple levels (National Institute on Drug Abuse, 2005). In the 2013 National Survey on Drug Use and Health, it was estimated that 20.3 million American adults have a substance use disorder (SAMHSA, 2014). The substance use disorder population is diverse because addiction transcends all cultural identities, including race, age, gender, sexual orientation, and social class. For example, in the same 2013 survey, the rate of substance use disorders among racial subgroups was 4.6% Asian, 7.4% Black, 8.4% White, 8.6% Hispanic, 10.9% biracial/multiracial, 11.3% Native

Hawaiian/other Pacific Islander, and 14.9% American Indian/Alaska Native. The variation in prevalence within racial groups is evidence of a key health disparity that requires further exploration (SAMHSA, 2014).

Clients with nondominant cultural identities are more likely to struggle with addictions partly because of systemic issues, such as poverty, unemployment, environmental factors, acculturation stresses, limited educational achievement, low self-esteem, and/or economic marginalization (Sharma, 2008; Torres-Rivera, Wilbur, Phan, Maddux, & Roberts-Wilbur, 2004). Furthermore, clients with nondominant cultural identities may be less likely to experience effective treatment. For example, African Americans are five times more likely than White Americans to drop out of substance use disorder treatment (King & Canada, 2004). Because clients from diverse cultural identities struggle with substance use disorders and cultural characteristics affect both the nature of the addiction and the client's engagement in treatment, counselors must work from a multicultural perspective to better address the needs of their diverse clientele (SAMHSA, 2014; D. W. Sue et al., 1992a, 1992b).

Counseling Clients Who Have Addictions

The multicultural perspective is a defining part of professional counseling. In the preamble of the *ACA Code of Ethics* (American Counseling Association, 2014), the second core professional value is “honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts” (p. 3). In 1982, D. W. Sue et al. introduced cross-cultural counseling competencies categorized into three dimensions: beliefs and attitudes, knowledge, and skills. These competencies continue to provide the foundation for multicultural competent practice in counseling (Pope-Davis, Coleman, Liu, & Toporek 2003; D. W. Sue et al., 1992a, 1992b).

Additional researchers have built on D. W. Sue et al.'s (1982) foundation and suggested specific techniques that convey cultural competence. One of these is *broaching*, coined in 2007, as a method for counselors to explore cultural differences in session (Day-Vines et al., 2007). Broaching describes a process by which counselors can bring cultural characteristics of the client and the counselor into the room and invite clients to explore the relevance of those characteristics. Broaching during the counseling process has been found to increase counselor credibility, enhance client satisfaction, deepen client disclosure, reduce premature termination rates, and increase clients' willingness to return for sessions (D. Sue & Sundberg, 1996). There is a continuum of five broaching styles: (a) avoidant, in which counselors maintain a race-neutral perspective and minimize racial differences or make no attempt to broach; (b) isolating, in which counselors obligatorily broach race simplistically; (c) continuing/incongruent, in which counselors invite clients to explore the impact of race on experiences, possibly repeatedly; (d) integrated/congruent, in which counselors broach effectively, inviting clients to interpret experiences through their own cultural lenses; and (e) infusing, in which counselors regularly broach as part of a commitment to social justice, equality, and the abolition of oppression (Day-Vines, Bryan, & Griffin, 2013; Day-Vines et al., 2007).

Counselors are encouraged to initiate the discussion because they have more power than the client in the counseling relationship (D'Andrea & Daniels, 2001; Day-Vines et al., 2007).

Without a specific invitation, clients who identify as members of a nondominant group may be hesitant to introduce how cultural factors may be affecting their presenting issue (Day-Vines et al., 2007; Thompson & Jenal, 1994). Society has created a norm of silence surrounding oppression and marginalization, and members of nondominant groups may remain silent concerning these issues even in counseling, perhaps because of the lack of strength of the therapeutic relationship, the questionable safety of the environment, and the learned societal norm of compartmentalization (Day-Vines et al., 2007). The broaching strategy allows counselors to create a safe environment, free from shame and fear, in which the counselor can invite the client to share how sociocultural factors may be affecting their presenting problem or counseling experience (Day-Vines et al., 2007).

Anecdotally, broaching produces positive outcomes (Day-Vines et al., 2007), but there is little conceptual and empirical data on the technique or its effectiveness. Three qualitative studies of psychologists provided some related evidence. Knox, Burkard, Johnson, Suzuki, and Ponterotto (2003) explored the experiences of 12 licensed psychologists raising or not raising the topic of race in cross-racial dyads. Knox et al. found that most of the psychologists who worked in a cross-racial dyad reported that they addressed race directly, openly, and overtly, and that the discussions contributed to positive outcomes, such as enhanced trust in the therapeutic relationship. In a qualitative study by Fuertes, Mueller, Chauhan, Walker, and Ladany (2002) on counseling African American clients, nine European American psychologists found that the participants in the study typically addressed the race difference in the cross-racial dyad directly and openly within the first two sessions. Because race was addressed directly, openly, and overtly, it aided in establishing and maintaining a trusting and solid working relationship from the psychologists' perspective. Finally, Thompson and Jenal (1994) found in a qualitative study with 24 videotaped cross-racial counseling sessions, which included Black clients and White or Black race-avoidant psychologists-in-training, that some clients were eager to share about their racial issues with the psychologist. The researchers also found that some of the clients stopped discussing the issue of race when the psychologist did not engage in the dialogue or when the psychologist responded with a race-neutralizing response (e.g., "We are all human, race does not matter"). Interestingly, Thompson and Jenal found that some of the clients continued to discuss their racial issues even when met with resistance from the psychologist, because they felt the issue of race to be important. Although they continued to share, the clients seemed frustrated. From these three qualitative studies of psychologists (Fuertes et al., 2002; Knox et al., 2003; Thompson & Jenal, 1994), it appears that broaching racial differences has a positive influence on the counseling process and that failing to broach or failing to engage with a client who broaches racial differences can have a negative influence on the counseling process. No research about the process and outcomes of broaching by counselors was located.

Incorporating broaching into the intake session may be best because it is the beginning of the therapeutic relationship (Jones, 2010) and many clients decide whether they will return to counseling after their first session experience (Alcantara & Gone, 2014). In fact, up to 50% of racial and ethnic minority clients prematurely withdraw from the counseling process (D. W. Sue & Sue, 2003; S. Sue, 1977). In addition to counseling, specifically, it is important to establish a strong therapeutic alliance early, in case withdrawal or relapse symptoms occur early in treatment (Merta, 2001). Considering the client's cultural context is crucial in forming an accurate understanding of the client (Arredondo & Rice, 2004; Smith, 2004), selecting effective

treatment (Castro & Garfinkle, 2003; Cheung & Snowden, 1990; Delphin & Rowe, 2008; Ridley, Hill, & Li, 1998), and earning client trust (Ivey, Ivey, & Zalaquett, 2010).

Purpose of the Study

Practicing culturally competent counseling with the substance use disorder population is crucial because clients with addictions represent various cultural identities, and broaching can be an important part of culturally competent services. Broaching in the intake session is especially important in addictions treatment because of the relevance of cultural characteristics and the likelihood of challenges early in the treatment process. Yet, it is unclear from previous research if counselors are broaching cultural differences and how the clients experience those interventions. Hence, it is essential to better understand the experiences and perspectives of counselors who support these clients. This qualitative study explored the experiences of LPCs who conduct intakes with clients who have substance use disorders. Specifically, the following research question was posed: “Whether and how do LPCs who conduct intakes broach multicultural considerations during the intake session?”

Method

We used a descriptive phenomenological design to explore the lived experiences of LPCs who serve clients with addictions. Phenomenological studies take an inductive approach to capture rich, thick detail of the phenomenon being studied in its embedded contexts (Creswell, 2013; Rossman & Rallis, 2012). The participants' perceptions were captured in individual interviews, and a rigorous coding process revealed important themes.

Data Collection

Data were collected through in-depth semistructured interviews that were conducted by the first author and lasted approximately 60 minutes. The semistructured interviews included questions such as (a) “Do clients' cultural identities emerge during the initial clinical interview session? And if so, how?” (b) “Can you describe a time when a client's cultural identity emerged during the initial clinical interview?” and (c) “Do you consider your own cultural identity when you first begin working with a new client?” Data collection followed an interview protocol to guide the interview and capture the experiences of the participants (Rossman & Rallis, 2012). All interviews were audio recorded and transcribed by a third-party, professional transcription service. Follow-up interviews were conducted via phone for all participants 1 to 3 weeks after the initial interview. The follow-up interviews, lasting approximately 15 minutes and also semistructured, allowed participants the opportunity to provide additional information and reflections that followed the initial interview.

Participants

After securing institutional review board approval, we recruited nine LPCs to participate in the study. Participants, identified by purposive and snowball sampling (Creswell, 2013; Rossman & Rallis, 2012), worked in community mental health settings in the mid-Atlantic region, including public ($n = 7$) and private ($n = 2$) agencies. Of the participants, seven were women and two were

men. Most were White ($n = 6$), followed by Black ($n = 2$) and Hispanic ($n = 1$). The majority identified as heterosexual ($n = 8$), and one identified as homosexual. Participants' ages fell in ranges from 21 to 29 years ($n = 1$), 40 to 49 years ($n = 4$), 50 to 59 years ($n = 2$), or 60 to 69 years ($n = 2$). Participants' number of years of practice with and without license ranged from 4 to 36 years.

Data Analysis

Two pilot interviews were conducted before the start of data collection. The pilot interviews provided feedback that was incorporated into the interview protocol to ensure that the interviewing techniques gathered the data needed to respond to the research question (Seidman, 2013) and were not included in the data analysis. The first author ensured accuracy of the data by listening to the audio recording while reading each transcript. The transcripts were then sent to the participants for review, which did not result in significant revisions. The first author immersed herself in the data by listening to the audio recordings of the interviews and by thoroughly reading the transcripts. Analysis began as soon as the first interview was conducted, because it was an ongoing and emergent process (Creswell, 2013; Rossman & Rallis, 2012).

The constant comparative method of analysis was used because of its logical and rigorous nature (Anfara, Brown, & Mangione, 2002; Strauss & Corbin, 1998). This analysis produced themes discovered through three levels of coding (Strauss & Corbin, 1998). First, open coding included line-by-line and paragraph analysis to generate initial words or short phrases to begin conceptualizing the data (Strauss & Corbin, 1998). Second, in axial coding, we integrated the codes from the first level to develop categories. Finally, during selective coding, categories were refined and connections were made between them to reveal themes (Strauss & Corbin, 1998).

Credibility and Rigor

The authors incorporated multiple strategies to increase credibility and rigor, including peer reviews, external auditors, member checks, triangulation, reflexivity, and bracketing. Two peer reviewers, one LPC with experience with addictions treatment and qualitative research and one qualitative researcher from a different discipline, independently coded two separate interviews using the open, axial, and selective coding process described previously. Through discussions with the first author, consensus was achieved in the very few areas where the codes varied. Four external auditors, all of whom had experience with qualitative research and three of whom had experience with addictions treatment, collaborated with the first author to create the interview protocol, plan the methodology, review the audit trail (Rossman & Rallis, 2012), and reflect on bracketing. The peer reviewers and external auditors contributed to the rigor of the study by ensuring the first author accurately represented the data. Participants in the study added rigor and credibility by reviewing the transcripts of their interviews. Triangulation was also used by reviewing audio recordings, transcripts, field notes, and data across the nine participants.

Finally, the first author reflected on her cultural identities and experiences as an addictions counselor and identified perspectives she holds related to this phenomenon (Creswell, 2013; Patton, 2002). The first author had experience working in a community mental health setting in the mid-Atlantic region. While working in the community mental health setting, she provided

clinical services to individuals struggling with substance use disorders, including conducting initial clinical interviews, individual counseling sessions, and group counseling sessions. Because of her experiences in the field, she had an understanding of varying perspectives that may be encountered concerning this phenomenon and was empathetic to the individuals interviewed. Also, the first author works personally and professionally from the perspective that all human beings are multicultural. Her personal cultural makeup consists of many social and cultural identities that also intersect and create multidimensionality. Although she has many other multicultural identities, she identifies as a Black American and a woman, which are salient multicultural factors that study participants may have noticed immediately during the interview. Some participants may have responded based on social desirability (Rossman & Rallis, 2012) because of some of the first author's cultural and social identities, such as her race, gender, and doctoral student status. The purpose of the study was to understand and describe, not solve or find an answer, so the first author was open and ready to receive the thoughts, ideas, and feelings of the participants. Bracketing was used to mitigate the possible effects of the first author's preconceived ideas, and the external auditors monitored the first author throughout the research process.

Findings

The 43- to 86-minute interviews gathered rich descriptions of LPCs' experiences serving clients who have addictions. The research question, “Whether and how do LPCs who conduct intakes broach multicultural considerations during the intake session?” was answered by coding data across nine interviews. Participants were assigned pseudonyms to protect their identity. The data analysis process revealed five themes: (a) to broach or not to broach, (b) follow the client's lead, (c) right timing, (d) counselor willingness, and (e) which cultural characteristics are considered. Each theme is explained in the following sections with excerpts from the interviews.

To Broach or Not to Broach

Participants described their experiences broaching culture during intakes. Their broaching styles varied widely, including some who directly broached, some who broached but indirectly, and some who did not broach in the intake session at all. For example, some participants said they overtly initiated a conversation about a multicultural factor or concern during the counseling process (the direct approach). Other participants described a more indirect approach, such as relying on internal triggers, like intake questions, to initiate the discussion of multicultural factors. Finally, some participants reported that they did not bring up any multicultural factors at all.

Heather (Black, heterosexual, female, age range 60–69, 20 years of practice) seemed to prefer the direct broaching approach, as evidenced by her statement:

I have this girl that's from down in far west Virginia. I know she has never been around a Black person. When I had my individual with her and we took care of business about what I needed to know about her and what she needed to get from me, then I asked her. I said, “So what's it like having a Black female to be your therapist? Have you ever had

any Black friends?” ... “What do you think it's going to be like?” So it's out there now. She doesn't have to step around it and try to figure out how she needs to act around me.

Mary (Black, heterosexual, female, age range 40–49, 12 years of practice) described an indirect approach that relies on the intake template to gather cultural information:

Sometimes, I will say it is intentional. Like, sometimes, I'll ask about marital status, “Tell me about your family,” or something like that, so I'll find out some things that way. Like the part of the intake that I do, we don't have to ask a lot about finances. If the question is more about vocation and education, so I'll say, “What's the highest level of education you completed? What do you do all day? How do you spend your day?” I'm trying to get at money, and sometimes cultural stuff will come out there.

Participants described shifting between the direct and indirect styles depending on several factors, including their own comfort level or their perception of the client's comfort level. Several participants seemed to be more comfortable broaching multicultural factors that are noticeable, such as gender and race. One felt more comfortable broaching matters such as faith and religion because she perceived these to be important factors in the lives of the clients with whom she worked. Finally, some participants reported that they do not often broach cultural characteristics in the intake session: “I just want to be open. I'm not trying to contaminate what they're bringing. I think I err on the side of not bringing it up,” said Mary.

Following the Client's Lead

Seven of the nine participants preferred the client to introduce multicultural considerations into the counseling relationship. They explained that if a client introduced the topic of multicultural considerations, they would follow up with the client by engaging in an immediate dialogue or by weaving the discussion into later sessions. In this example from James (White, heterosexual, male, age range 21–29, 4 years of practice), it was clear that culture was brought up in a challenging way:

I've had clients, the first time I met with them, like “How are you going to help me? I'm 20 years older, 30 years older than you” kind of stuff. So the expectations that come with that can lead to a discussion where I can discuss my background some.

Some participants explained that they prefer clients to initiate the discussion because they did not want to bring up something that is off-putting to the client. Others shared that they believe it is the client's place and responsibility to bring up multicultural considerations, because they should control what they want to discuss during the intake session. This theme is best illustrated by Rhonda's (White, heterosexual, female, age range 60–69, 26 years of practice) statement: “Basically, I'm not usually the one bringing it up. It's usually the client who's bringing it up. You have to get in there and really see what they want to do. It's more about what they bring up.”

Right Timing

Many of the participants stated that the timing must be right to broach multicultural considerations. Several shared their beliefs that multicultural discussions must occur naturally; therefore, it may not be appropriate to discuss multicultural considerations during the intake session. The participants shared that sometimes they flag multicultural considerations in the intake session to weave them into later session discussions. Some felt that the conversations cannot be forced because they may offend the client. Others shared that, if they perceive the timing to be appropriate, they may use a direct broaching approach. In another example, Danielle (White, heterosexual, female, age range 40–49, 11 years of practice) shared that she would directly broach certain things, but it had to be at the correct time:

“How are you feeling about this first introduction? What's your comfort level? There are some differences between us.” If it's a man, “Are you feeling okay about the fact that I'm a woman? Are you feeling okay about the fact that I'm White?” I will say these things overtly, but the timing has to be right so that it seems like a natural flow and not being awkward.

Mary also shared that sometimes she feels that the intake session is not the appropriate time to discuss multicultural factors: “I'm less comfortable introducing it [multicultural factors] in the intake session because I always feel like I just want to see where they stand.” Another common pattern was that paperwork can often be a barrier during the first session. Participants shared that time constraints and the detailed paperwork typically become the focus of the first session. Some participants shared that the need to complete the paperwork can make broaching seem secondary. Most participants believed that the intake session touches on culture, but the timing may not be right to discuss cultural factors because of the administrative requirements of the initial session. A response from Stella (White, heterosexual, female, age range 50–59, 25 years of practice) exemplified this:

I may not always get an opportunity to do it in that session, just because the amount of paperwork that we have to do. It's a huge obstacle for making that first session. You try to do your very best, and then I explain to them and I apologize to them, “I'm sorry but, you know, we have to get X, Y, and Z done.” I find that clients are receptive to that. They understand that because they've had to go and apply for other things and know what the process is. There's red tape everywhere.

Counselor Willingness

All participants explained that the counselor must be willing to be open to discussing culture. Specifically, the counselor must be open to share, open to receive what the client will say without becoming defensive, and open to extending an invitation to the client to discuss multicultural considerations throughout the therapeutic relationship. Several participants reflected that counselors must be open to personally share about themselves to a certain extent. They explained that the client must see that the counselor is willing to share about him- or herself, because the counselor is asking many personal questions about the client's life. They believed this willingness to share builds trust. Several participants noted that it is important to be open enough to receive what the client may share without becoming defensive. They explained that if the counselor becomes defensive, the clients will shut down and not share their thoughts

and feelings. One participant reflected that some individuals, particularly from different countries of origin than the United States, do not want to offend the counselor, so if defensiveness is shown, they may be reluctant to continue. Stella shared how she tries to be open with her clients and how she assures the client that she will not be offended by their feedback:

I think sometimes they're a little hesitant because they don't want to offend you, because they know Americans can get offended very easily. I tell them it's okay, that I'm not going to take it personally and it's okay, you can freely share how you feel.... Once the client realizes that I'm not having this visceral reaction, then they're more likely to open up.

Most participants reported that the client must be offered an open invitation to discuss multicultural considerations. An open invitation sends a message to the client that the counselor is open and comfortable with discussing multicultural considerations. James shared how he attempts to be open and extends an invitation to the clients to establish trust:

Usually, I try to be as open as I can be. If somebody wants to know more about me or understand me or know where I came from or even my perspective on things, if that's important to them, I do open the door to talk about it. I maybe sidestep that a little bit at times, but I've certainly invited people to ask about my background, my experiences, and with substance use I think people asking about your background with substance use is often very important as well. I think that you've got to be willing to be open and allow those questions, and most people aren't going to dig too deep. They just want to know if you have something in common, what your level of understanding of where they are or where they come from is.

Which Cultural Characteristics Are Considered

Participants explained that there are certain multicultural factors that they will discuss, but there are others that they avoid or do not consider relevant. Several participants reported that some cultural factors did not come to mind when they think about culture as a whole. For example, one participant shared that she is more likely to broach religious or faith identity than sexual orientation, because religion or faith is what she immediately thinks of when she thinks about culture. Others explained that multicultural considerations such as race and gender should be addressed first because they are visible and salient differences. If the counselor begins with the salient identities, then the other multicultural variables will come along in later discussions. Finally, which factors to broach was reported by several participants as being influenced by the cultural identities that seemed to be most common to the clients with whom they worked. Several participants shared that geographic location or community can be an important cultural identity because it influences a lot of the behavior in the lives of the clients with whom they work. Maria (White, heterosexual, female, age range 40–49, 13 years of practice) shared the following about this influence concerning multicultural identity:

The things I'd be looking for in terms of a cultural identity ... I'm asking about faith organizations, any participation in faith organizations, or how much extended family is in the area, that kind of thing. That's generally what I would think of with cultural identity

because I'm thinking mostly of international clients when I think of that. It's not always, of course, but that is what I think of initially when you ask about it. Then you raised these other issues, I was like, oh, right. Yes, I suppose if somebody identified clearly as lesbian or gay, that could be also cultural identity. I honestly don't usually think of it that way.

Similarly, Heather shared, "Race and gender are salient. That's the first things you see, so that's what you need to bring up and whatever comes out of that you can address it." Others explained they are reluctant to bring up particular cultural factors. For example, Danielle shared,

I hadn't really recognized that I tread much more carefully with that [spirituality/religion], I think because these other things are obvious when you look at me. If a man comes in and he tells me he's gay, I would also not say, "How is it for you because you're gay and I'm heterosexual?" I think with the things that are not obvious by looking at me, then unless I'm asked directly, I think it's more about what is overt and what isn't.... Because what I practice is not the predominant religion in this area, I potentially see it as something that could be off-putting to a client before they know me.

Overall, participants seemed more comfortable broaching visible cultural factors, such as race and gender, than they did with the cultural factors that are invisible or potentially off-putting.

Discussion

The five themes that emerged in this study were (a) to broach or not to broach, (b) follow the client's lead, (c) right timing, (d) counselor willingness, and (e) which cultural characteristics are considered. The theme *to broach or not to broach* is consistent with the conceptual framework and continuum of broaching styles (Day-Vines et al., 2007, 2013). As stated in the summary of findings, several participants took more of a direct approach (i.e., integrated/congruent broaching style) when discussing multicultural considerations with clients, whereas others took more of an indirect approach (i.e., avoidant broaching style), and some did not broach at all. Also, many participants shared that they switched between the approaches, depending on several factors, such as comfort level of the client or counselor, if the counselor felt as though the timing was right, and what multicultural factor was being broached. Day-Vines et al. (2007) discussed how racial identity models can influence counselors' style of broaching behavior through their awareness, comfort level, and quality of broaching. Only racial identity models were addressed by Day-Vines et al. (2007), but looking at identity development models for other cultural identities also may relate to comfort level, awareness, and quality of broaching.

In this sample, some individuals shared that they took a more indirect approach when broaching because they feared it would cause the client discomfort, but Knox et al. (2003) found that most of the therapists who addressed race directly, openly, and overtly described positive outcomes, such as enhanced trust in the therapeutic relationship. Fuertes et al. (2002) also found that therapists typically addressed the race difference in the cross-racial dyad directly and openly within the first two sessions. In both studies, therapists perceived race as an essential component and addressing it aided in establishing and maintaining a trusting and solid working relationship (Fuertes et al., 2002; Knox et al., 2003).

The finding that most of the participants preferred the client to introduce multicultural factors during the intake session is consistent with some previous literature. Knox et al. (2003) found that some of the European American psychologists reported that, if a client introduces the topic of race, they would have the discussion, but they typically did not initiate the discussion if the client did not bring it up. Some of the LPCs in the current study shared the same opinions. They explained that they engaged in the conversation and followed up with the client if the client initiated the process (i.e., isolating broaching style). However, because counselors have more power than the client in the counseling relationship (D'Andrea & Daniels, 2001; Day-Vines et al., 2007), a specific invitation to clients who identify as members of a nondominant group may be essential (Day-Vines et al., 2007; Thompson & Jenal, 1994).

The theme *counselor willingness* describes the LPCs' willingness to be open to share and receive what the client says without becoming defensive, and willingness to extend an open invitation to allow the client to share about multicultural considerations or factors throughout the length of the therapeutic relationship. The finding that the LPCs have to have a willingness to be open is consistent with Thompson and Jenal's (1994) study of Black clients and White or Black race-avoidant psychologists' initial sessions. The clients in that study stopped discussing the issue of race if the psychologist did not engage or if the psychologist responded with a race-neutralizing statement. Together, these findings highlight the importance of LPCs being open and extending an invitation so that clients feel that discussing multicultural factors is welcomed in the counseling process.

The theme *right timing* implies that the LPCs believe that the timing has to be appropriate to discuss multicultural considerations. Several individuals felt that the intake session may not be the appropriate time to discuss multicultural factors because of paperwork requirements and client comfort level. Delaying broaching is a concern, however, because it has been found that broaching overtly, directly, and openly within the first two sessions contributed to establishing and maintaining a trusting and solid therapeutic relationship (Fuertes et al., 2002; Knox et al., 2003). Client attrition is highest after the initial session for racial and ethnic minority clients (Alcantara & Gone, 2014), so a change in the traditional approach is necessary. For example, it is a common challenge that the limited time in intake sessions influences a counselor's propensity to focus solely on the presenting issue instead of gathering clients' perceptions of their cultural identities (Smith, 2004). Prioritizing administrative responsibilities over broaching challenges the multicultural counseling approach, and limits examination of how multicultural factors are related to the presenting problem. Given the high attrition rate, perhaps prioritization of rapport building through broaching is more important than gathering historical details in the critical first session.

The final theme, *which cultural characteristics are considered*, cannot be contextualized in the literature because most previous studies focused specifically on race and ethnicity. There may be a connection between the continuum of broaching styles and comfort level and the different multicultural identities. That is, are counselors more comfortable broaching some cultural differences than others? Any cultural characteristic can be experienced as defining by the individual (Arredondo & Glauner, 1992; D'Andrea & Daniels, 2001). Several models, such as the RESPECTFUL Model and Dimensions of Personal Identity (Arredondo & Glauner, 1992; D'Andrea & Daniels, 2001), illustrate the complexity of how cultural characteristics intersect and

stress the importance of all elements of personal identity. It seems that some individuals will broach using different styles, depending on which multicultural identity needs to be discussed. Also, several of the participants shared that, when they think about cultural identities, some seem more prominent than others, whereas others shared that they do not think about some of the identities at all when they think about culture. Both findings merit further investigation.

Therefore, there was variance in whether and how these LPCs broached cultural considerations. It was evident that some participants did not think that the intake session was the correct time to have discussions concerning multicultural factors. Most participants believed that discussing multicultural considerations in counseling was good practice, but they also had different opinions on how broaching should occur and which cultural identities should be addressed.

Implications

The variety of lived experiences described by these LPCs is an important overarching finding. They were unclear about what was best regarding broaching and inconsistent in how they handled this important aspect of their work. Two implications from the findings were profound.

First, counselors working with the substance use disorder population need to advocate for a different administrative structure or implement personal changes to their intake process to allocate more time to assess for and discuss multicultural considerations. This is important because even these experienced professionals felt as though the administrative paperwork was a barrier to broaching. Discussions of multicultural considerations have been linked to establishing trust and a therapeutic relationship in the beginning of the counseling process (Fuertes et al., 2002; Ivey et al., 2010; Knox et al., 2003; Thompson & Jenal, 1994), so prioritizing time for this may lead to better case conceptualization and effective treatment (Castro & Garfinkle, 2003; Cheung & Snowden, 1990; Delphin & Rowe, 2008). The client's cultural identities are often evident in the initial session, so having flexibility and direct encouragement about the importance of broaching those identities will allow the counselor to initiate discussion of this salient topic and, perhaps, increase client willingness to return for a second session.

Second, in initial counselor training and continuing education for licensure, counselors would benefit from information and practice around broaching cultural considerations. There was a pattern of reluctance to broach, sometimes anchored in good intentions (e.g., not wanting to make the client uncomfortable). Correcting these misperceptions may increase counselor willingness. Normalizing the discomfort inherent in using a new technique is key. Some participants seemed to interpret their discomfort as a sign of client discomfort or evidence that broaching was not appropriate. As with any technique, instruction, practice, and feedback can improve competence and confidence. Counselor education programs and continuing education providers can highlight the benefits of using broaching. Counselor educators and supervisors can also provide verbatim prompts for early practice with broaching, such as

One of the things we know about addictions is that the way you use and what you need in treatment can vary based on your gender, race, and the type of family you have. I want to help you in the best way possible and, I know it can be hard, but I hope you will share with me any ideas about how your gender, race, and type of family impact our work.

Additional training, support, and empirical evidence can lead to increased use of broaching and, ultimately, more culturally competent addictions counseling.

Limitations and Future Research

Several limitations should be considered when interpreting the findings of this study. First, the primary data collection method for this study was in-depth interviewing, which relies on the participants' self-report and inherently gives the participants a choice in how much they share. Participants may respond based on social desirability versus truth. These participants described some socially desirable behaviors and many socially undesirable behaviors; therefore, it appears they were transparent, but that cannot be guaranteed. In addition, we asked participants to focus on the intake session, but many participants referred to and maybe drew from their experiences working with clients throughout the entire counseling process. Finally, the location of the participants in the mid-Atlantic region of the country may have affected their experiences. These limitations, and those more inherent in the qualitative research process, suggest the need for future research. Additional information about how counselors broach specific multicultural identities would yield important implications. More evidence that inviting dialogue about cultural characteristics in the intake session increases retention and treatment engagement may encourage counselors, even reluctant ones like some of the participants in this study, to view broaching as effective and essential. Finally, research focused on how clients from historically marginalized groups perceive broaching may help counselors refine this key intervention.

Conclusion

Overall, it appears that these experienced addictions counselors recognized the value in acknowledging and discussing multicultural factors, but they did not always practice broaching in the intake session because of time-consuming paperwork, discomfort, or perceived discomfort from the client. Additional training to build counselor competence and confidence with broaching is crucial. Empirical evidence of the effectiveness of broaching as a technique to improve client outcomes would inform counselor training and practice as the profession continues to work toward “honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts” (American Counseling Association, 2014, p. 3).

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